

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10 078</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Coraminita Mahr P.O. Box, Bldg., Room No., if any Street 310 W. 43rd Street City New York State New York ZIP Code + 4 10036	4. Name, file number, and address of labor organization. Name NEW YORK'S HEALTH&HUMAN SERVICE UNION 1199SEIU Labor Organization File Number 031-847 P.O. Box, Building and Room Number, if any Street 310 W. 43rd STREET City NEW YORK State New York ZIP Code + 4 10036-6407
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Coraminita Mahr</u>	On <u>2/5/05</u> Date	<u>(212) 261-2410</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name 1199 EMPLOYER CHILD CARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 330 W. 42nd STREET

City NEW YCRK

State New York ZIP Code + 4

9. Business deals with

- ☒ a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

PROVIDING CHILD CARE BENEFITS TO EMPLOYEE COVERED BY 1199'S COLLECTIVE BARGAINING AGREEMENTS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS A TRUSTEE OF THE 1199 EMPLOYER CHILD CARE FUND AND THE 1199 HEALTH CARE EMPLOYEES PENSION FUND I ATTENDED A CONFERENCE FOR WHICH I RECEIVED TRAVEL, LODGING, AND OTHER CONFERENCE-RELATED EXPENSES.

12.b. Amount.

\$2,376

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Name of Person Filing Coraminita Mahr	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name HOSPITAL LEAGUE/1199 TRAINING&UPGRADING FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 330 W. 42nd STREET</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>PROVIDING VARIOUS JOB TRAINING AND UPGRADING BENEFITS TO EMPLOYEES COVERED BY 1199 COLLECTIVE BARGAINING AGREEMENTS.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>AS A TRUSTEE FOR THE HOSPITAL LEAGUE/1199 TRAINING & UPGRADING FUND, THE 1199 HOSPITAL LEAGUE HEALTH CARE INDUSTRY PLANNING AND PLACEMENT FUND AND THE 1199 JOB SECURITY FUND, I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED EXPENSES FOR LODGING & MEALS.</p> <p>12.b. Amount. \$467</p>

Name of Person Filing Coraminita Mahr

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name 1199 HOSP LEAGUE PLANNING & PLACEMENT FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 330 W. 43rd STREET

City NEW YORK

State New York

ZIP Code + 4 10036

9. Business deals with

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PROVIDING VARIOUS PLANNING AND PLACEMENT BENEFITS TO THE HEALTH CARE INDUSTRY AND TO EMPLOYEES COVERED BY 1199 S COLLECTIVE BARGAINING AGREEMENTS.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS A TRUSTEE FOR THE 1199 HOSPITAL LEAGUE HEALTH CARE INDUSTRY PLANNING AND PLACEMENT FUND, I ATTENDED A TRUSTEES MEETING FOR WHICH I RECEIVED EXPENSES FOR LODGING & MEALS.

12.b. Amount.

\$1,173